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MORAL INSANITY—WHAT IS IT?

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"There have been men who, after an illness in which life itself seemed suspended, have arisen, as out of a sleep, with characters wholly changed. Before gentle, good, and truthful, they now become bitter, malignant, and false. To those whom they before loved, they evince repugnance and loathing. Sometimes this change is so marked and irrational that their kindred ascribe it to madness. Not the madness which affects them in the ordinary business of life, but that which turns into harshness and discord the moral harmony which results from natures whole and complete. But there are dervises who hold that in that illness which had for a time the likeness of death, the soul itself passed away, and an evil genius fixed itself in body and brain thus left void of their former tenant, and animates them in the unaccountable change from the past to the present existence."—BULWER, "A Strange Story."

BULWER, albeit not an alienist, has in this extract very graphically described the opposing views held of moral insanity even at the present time.

The doctrine of moral insanity, as expounded by the alienists who accept that doctrine, was a natural outgrowth from a school of psychology which, first systematized in the theology of St. Augustine, found a later expression in the theology of Wickliffe and Calvin. In this theology the present writer was educated, as it had been followed by his maternal ancestors for more than two centuries. This school gave a theological explanation of certain facts which to-day require no *deus ex machina* to account for their existence. The present writer was accustomed to hear of children bad

from birth, whom no system of education could change, and no discipline tame. For the sins of their fathers they were predestined criminals. In the same category were placed children whose natures had changed, as described by Bulwer.

It was from a belief that such facts could be explained only on the supernatural theory that Dr. Ordronaux¹ was led to use the following language: "Lastly, we object to 'moral insanity,' because it is an attempt to set back the clock of the century and to revert to supernaturalism and superstition in medicine. It is an attempt to curtain the windows of that science whose duty it is to cast light and not mysticism around disease,—to treat it not as a personal devil entirely to be exorcised by *philters* and mummery, but rather as the perversion of a natural state struggling to regain its equilibrium."

Dr. Ordronaux could see in the doctrine of moral insanity only an attempt at a semi-return to the belief in demon-possession of the middle ages. He confounded the supernatural explanation of the facts with the facts themselves, and used the "superstition" argument against the existence of these facts, just as Leibnitz used this argument in accusing Newton of having introduced "miracles" into philosophy in advancing the theory of gravitation. The same superstition argument was used against the determinism of St. Augustine, Wickliffe, and Calvin.

It is not strange, therefore, that since nowadays the determinist is considered, as from necessity, a materialist, and the doctrine of free will is held as almost a *sine quâ non* for an orthodox believer, the doctrine of moral insanity should be regarded by Dr. Elwell² as given forth by "a class of modern German pagans, who are trying with what help they can get in America to break down all the safeguards of our Christian civilization, by destroying, if possible, all grounds for human responsibility."

To Ordronaux and his school of thinkers, moral insanity seemed like "an attempt to introduce miracles into philosophy."¹ It was inconceivable to Dr. Ordronaux, because the moral nature was associated in his mind with innate ideas, and he belonged to the school of Locke, which denied that any idea could be innate. In Dr. Ordronaux's opinion the doctrine of moral insanity had no relation to the school of Condillac, which based all ideas on sensations, but was opposed by the teachings of that school.

The school of objectors to this doctrine, which has arisen since Dr. Ordronaux wrote, is represented by Dr. Elwell and Dr. Hay (the latter of whom is cited not because of the intrinsic value of his article, but only as a representative of this new school). Dr. Hay² says: "Nothing is absolutely evil, and, whatever be the object of one's desires, it becomes such by reason of some good to the one desiring it. For in a normal condition no one seeks that which is evil to himself, since that which is evil occasions the feeling of pain, and this induces aversion. Hence one who seeks evil does so either by reason of defect in his perceptive faculties, whereby he apprehends objects incorrectly, or by an effort of will diverting his actions toward an object or aim from which in the natural order they would have been averted. It follows therefore necessarily, if the foregoing propositions be correct, that the assumption, that out of perfectly normal perceptions feelings or sentiments discordant therewith could arise, giving origin to abnormal desires impelling to vicious actions, is erroneous, and any theory or doctrine based upon such assumption is untenable. This philosophical error, that 'all mental action originates in feeling,' is the source and origin of the modern theory of 'moral insanity.' For although not explicitly formulated by the originator and earlier exponents of the doctrine, this false principle is explicitly involved in every expression of it.

The theory is termed modern, since it had its origin in the conclusions of Philip Pinel, drawn from his clinical observations at le Bicêtre and la Salpêtrière in Paris during the close of the last and the beginning of the present century. Under the appellations *Manie sans délire* and *folie raisonnante* he (as quoted by Esquirol) designated certain forms of mental disease marked by perversion of the habits, dispositions, and affections without lesion of the understanding. Esquirol, Pinel's pupil, physician of la Salpêtrière and Char-
enton, while explicitly accepting the conclusions of Pinel, implicitly refutes them. One need not go far to find the source of Pinel's ideas in the philosophical assumptions of Condillac, as developed in his *Essai sur l'origine de connaissance*, in which he asserts that all mental energies are but modifications of sensation, which is primary. It would be no difficult task to rearrange the cases cited by these two great masters in medicine to illustrate the doctrine of 'reasoning madness' into two new categories, *i. e.*, of delusional insanity and wilful vice. In many of these reported cases the evidence pointing to the existence of delusions in the minds of the subject is so clear and conclusive that its escape from detection is remarkable, but explicable, perhaps, by the fact that great philanthropists are not always great philosophers, and in their zeal for the welfare of a class they sometimes overlook the higher obligation, 'to promote the greatest good to the greatest number.' To the condition designated by Pinel as 'reasoning madness,' and by Esquirol as 'reasoning monomania,' Dr. Prichard, in England, applied the epithet 'moral insanity.' "

Nothing need be said of the misconception of Pinel and Esquirol displayed in this passage, nor of that "appeal to consequences," unworthy of any scientific man, which seems absolutely necessary to the argument of every opponent of the doctrine of moral insanity.

The question arises as to what Dr. Hay means by feeling, and to understand his meaning it is necessary to examine some of his psychological dogmas. He says respecting idiocy: "Now, the idiot is such not by reason of any deficiency primarily in his reasoning faculties or faculties of comparison. For since these have never been exercised, a judgment concerning them is impossible, but in consequence of a deficiency in his perceptive capacities, whereby he fails to receive impressions upon his brain which should constitute the material out of which judgments could be formed and about which reason might be exercised. In many examples of this class of unfortunates, deficiency of perception is quite apparent by reason of conspicuous defect in the organs of special sensation, and the subject is often perceived feebly endeavoring to supplement the deficiencies of one sense by the application of another, as for example to comprehend through the sense of touch, or taste, or smell, conditions ordinarily appreciable by that of sight, and reciprocally. The true nature of this condition has been implicitly recognized in the system of education of idiots, now well established and in successful operation in this country and in Europe. This system consists in the education of the perceptive faculties, and has for its basis progressive series of object-lessons. What has been said of the defective perception of idiots applies with equal force to the class somewhat higher in the scale of intelligence termed imbecile, or, more commonly, weak-minded, although the evidence is not so obvious to the ordinary observer. Close scrutiny of the mental operations of the weak-minded will reveal the fact that their imperfect reasoning results from original defective perception. Many, indeed most, of this class are incapable of abstract thought; their perceptions are superficial, incomplete, imperfect, comprehending but few of the attributes of objects, and their judgments, if they

can be said to form any, necessarily unequal and narrow; their opinions crude, their reasoning vague and inconclusive. One who should carefully analyze the attempts at reasoning by some of this class, will perceive that the failure to arrive at correct conclusions results from incompleteness of original observation; the individual sees, as we say metaphorically, but one side of any thing, and his mind responds at once to this simple impression. The mental processes of this class are analogous to the actions of the spinal cord, uncontrolled by the influence of the brain, which responds, by its reflex irritability, to sensory impressions in spasmodic, incoördinate muscular movements without definite aim or purpose."

He says respecting sensation: "In the physiological order sensation is the reflex of an impression upon the receptive capacities, without which impression it could have no existence; so also in the psychological order is feeling or sentiment the reflex of an impression from without upon the receptive faculties. For whether the feeling or sentiment is generated by an impression made *de novo* immediately upon the receptive capacities or recalled meditately into consciousness through the operation of the reproductive faculty, it must have its source and origin, its object, outside of the self. Hence, there can be no feeling or sentiment without an original object from which the impression was received, of which impression the feeling was the reflex and incidental effect. How can one feel without knowing that he feels? For a feeling which is outside of the cognition of a sentient being has no existence, is a non-entity. Now, the act of knowing necessarily presumes the capacity to know, and the subject knowing, and also the exercise of that capacity by the subject. Hence, the assumption that 'all mental action originates in feeling' is erroneous."

Comparison of these statements with the remarks on

idiocy will show that Dr. Hay has either totally misunderstood Condillac or else has sophistically misconstrued his opinions. Dr. Hay says: "Now, the only channels through which evidence can reach the mind primarily, are the perceptive faculties; if these faculties be in a healthy condition, impressions received through them would be correct, and their comparison would result in correct conclusions, and there would be no delusion. Delusions, whenever it is possible to trace them to their source, will be found to rest upon hallucinations, false sense-perceptions without objective bases, residua of former impressions recalled into the sphere of consciousness by the operation of some disturbing force. The true criterion of insanity is the retention by the mind of a false conclusion insusceptible of removal by sufficient evidence, constituting an insane delusion. Rigid exhaustive analysis of every case of insanity will detect this element as the prime factor."

It is unnecessary to state that no alienist clinician will agree with these views, although they are so sophistically expressed as to be seemingly reconcilable with any state of things.

A psychologist entering upon this discussion for the first time might well ask with astonishment: Are Dr. Ordronaux, Dr. Hay, and Dr. Elwell opposing the same doctrine? It will be obvious that there must be most decided obscurity as to what moral insanity is in the minds of its opponents, if the contradictory nature of the arguments cited against it furnish any indication. It becomes absolutely necessary to understand just what is meant by moral insanity, in order to judge of the validity of the arguments cited. The views of some of those opposing it have already been cited, and were this paper purely controversial the matter might be left just here, as the authors cited contradict each other and themselves (which last is especially the case with Dr. Hay).

Prichard⁴ says: "Moral insanity consists in a morbid perversion of the feelings, affections, inclinations, temper, habits, moral disposition, and natural impulses, without any remarkable disorder or defect of the intellect, or knowing or reasoning faculties, and particularly without any insane illusion or hallucination."

Lockhart Robinson⁵ says: "We find that, either concomitant with intellectual disease or even singly (the moral insanity of systematic writers), the moral powers of the mind may be perverted or entirely obliterated; insanity exhibiting itself in entire moral perversion, in inability to control conduct, and in total suspension of the natural affections."

Rush⁶ stated that in many cases the moral sense was congenitally deficient, and this condition he called *anomia*.

Bucknill and Tuke⁷ say: "The most lucid description of moral insanity which we have met with, is that given by Crichton Browne.⁸ For this reason we quote it, quite apart from the authority which attaches to his opinion, because it was written a considerable number of years ago. The value of the facts, however, to which he refers and upon which that opinion was based is not affected by the course of time: 'Moral insanity is of frequent occurrence in early life. The intellectual faculties of the person affected by it remain entire and unimpaired. He is perfectly capable of perceiving and knowing and judging. He cherishes *no* delusion. He cannot in the ordinary and *legal* sense of the term be pronounced insane. And yet he is, to all intents and purposes of unsound mind, and as much requiring guidance, restraint, and treatment as the most furious maniac. He suffers from entire perversion of the moral principle, from the want of every good and honest sentiment. He is actuated by impulse, or by the most selfish, depraved, and cruel motives; he presents, in short, a perfect picture of the desperado and ruffian. The existence of moral insanity, like the existence

of every thing else, has been called in question, and there are not lacking those who would send the moral monomaniac to the scaffold or penitentiary. ’ ’

Luther V. Bell⁹ speaks of moral insanity as being a form of insanity in which the moral sense is mainly, if not exclusively, involved.

Spitzka¹⁰ says : “ Disorder of the moral sentiments may be congenital and equivalent to a partial imbecility, as the father of American mental science, Rush, first pointed out. The memory and the reasoning powers may be so slightly affected that their deficiency may be practically unnoticed. * * * An intense egotism is sometimes found to lie at the root of the constitutional inability of the individual to recognize moral obligations to others. In such cases abstract moral conceptions may be inculcated by education.”

Krafft-Ebing¹¹ says, respecting moral insanity, that the evident symptoms are a moral insensibility, an absence of all moral judgments and ethical conceptions, their place being supplied by purely logically based judgments of a utilitarian character. He adds that the moral rules of the community may be learned in a parrot-like way, but they always remain unassimilated conceptions and fail to act as a guide to the moral lunatic’s actions.

Hughes¹² says : “ Moral insanity is insanity of conduct, feeling, or impulse, or all combined, without such appreciable intellectual derangement that it would be recognized as insanity without the display of morbid feeling, impulse, or conduct. It may, as Esquirol thought, include *délire partielle*, and undoubtedly does in many cases, and still be entitled to be designated moral insanity, because of the predominance and overshadowing and overmastering character of the aberration of the moral faculties over the faculties of the understanding.”

Gauster¹³ says: "Esquirol, Gratman, Prichard, Morel, Solbrig, Maudsley, and others have called attention to a certain class of psychic degenerations, ranged by Pinel under *manie raisonnante* and by Prichard under moral insanity. As was pointed out by Morel, these conditions are not always congenital. These mental states have been classified as affective monomania or as insanity affecting the feelings and the will. The patients are often morally perverted from their infancy. They are headstrong, malicious, disobedient, irascible to a very high degree, lying, and neglectful. They frequently manifest a tendency to violence and brutality. In adults there is often found a great tendency to mechanical pursuits. They often speak and act in a seemingly sensible manner and are regarded as of sound mind. They delight in intrigue and mischief, and sometimes indulge in sudden sexual and alcoholic excesses. They are extremely passionate and excitable, and attribute their excesses and passion to others whom they treat badly. They pass themselves off as heroes and martyrs."

Dr. Jewell¹⁴ says: "Leaving out of consideration all discussion as to names and terms, in regard to which there is generally more or less confusion, we find it admitted by very many of the ablest writers that the moral faculties may be affected without necessarily implicating the mental faculties; properly so called. Among them we need only mention Dagonet,¹⁵ Legrand du Saulle,¹⁶ and Flemming.¹⁷ * * * Clinically we do not see how we can explain morbid impulses which even generally sane people experience sometimes, and which require to be only a little stronger in these cases to impel their victim to the most absurd and even criminal acts against the exercise of their reason, without admitting the existence of a certain degree of moral irresponsibility. In such cases as these the highest moral sense may not be able to restrain the morbid tendency from over-

coming a weak will-power. But it is to cases where this moral sense is defective that the term moral insanity most properly applies."

Dr. Bannister¹⁸ of the Kankakee Hospital for the Insane says: "Whether we consider this moral sense as a primary feeling as seems probable for many reasons, or as a derivative one composed of still more elementary feelings, or as a necessary sequent of some other state it does not alter the case as regards the present question of moral insanity. By this term we mean a disease of the brain affecting alone its functions as the organ of the moral nature, disordering the capacity to receive moral impressions and the ability to control conduct for moral ends. This includes the so-called impulsive insanity, as well as that form in which moral impressibility is diseased."

Kahlbaum¹⁹ and Hecker²⁰ say that moral insanity is shown in biased, childish judgment, readily transmuted into acts in violation of morals, for which the patient gives sophistical excuses. With these there may exist striking ability in certain directions.

Todi²¹ says: "Moral insanity is shown in an innate tendency to evil; in egotistical, cynical, and cruel manifestations in childhood. On these congenital anomalies are often engrafted impulsive tendencies in later life."

Grilli²² says: "Every form of psychic disturbance may present symptoms rather involving the emotions than the intellect. Moral insanity proper is a morbid entity occurring in degenerated individuals, shown by instinctive depravity, the immoral nature of which is incomprehensible to the individual."

Bini²³ says: "Moral insanity is a symptom which may exist under various nosological types; there is a moral melancholia, a moral mania, a moral dementia, a moral imbecility, a moral monomania. The lucidity, logic, and skill

of the patient lead to his being taken for an eccentric, passionate individual, or a rascal to his detriment."

Clouston²⁴ says: "The morals or affections are lost or become altered in many forms of insanity. The question is: Have we any examples where from disease a man who had, up to that time, been moral and conscientious, and obeyed in his conduct the laws and the social observances, had lost his moral sense while he retained his intelligence and reasoning power, and in consequence of that diseased moral condition spoke and acted immorally? Further comes the question: Can he, when the diseased condition is recovered from, regain his former morality in feeling and conduct? I have no hesitation in answering both questions affirmatively, because I have seen such cases. It is not a question of theory but of fact. A third question arises: Do we meet with children so constituted that they cannot be educated in morality on account of an innate brain deficiency rendering them incapable of knowing the difference between right and wrong, of following the one and avoiding the other, of practising checks on inclination, of exercising self-control or obedience to the laws of God and man, of any love or cultivation of the good or any dislike of evil? Such moral idiots I, like others, have met with frequently. Persons with this disease and persons with this want of development labor under moral insanity."

Hammond²⁵ says, speaking of the victims of *manie raisonnante* (which is one of the synonyms for this psychosis): "The intense egotism of these persons makes them utterly regardless of the feelings and rights of others. Everybody and every thing must give way to them. Their comfort and convenience are to be secured though every one else is made uncomfortable or unhappy, and sometimes they display positive cruelty in their treatment of persons who come in contact with them. This tendency is especially

seen in their relations with the lower animals. Another manifestation of their intense personality is their entire lack of appreciation of kindness done them, or benefits of which they have been the recipients. They look upon these as so many rights to which they are justly entitled, and which in the bestowal are more serviceable to the giver than to the receiver. They are hence ungrateful and abusive to those who have served them, and insolent, arrogant, and shamelessly hardened in their conduct toward them. At the same time, if advantages are yet to be gained, they are sycophantic to nauseousness in their deportment toward those from whom the favors are to come. The egotism of these people is unmarked by the least trace of modesty in obtruding themselves and their assumed good qualities upon the public at every opportunity. They boast of their genius, their righteousness, their goodness of heart, their high sense of honor, their learning, and other qualities and acquirements, and this when they are perfectly aware that they are commonplace, irreligious, cruel, and vindictive, utterly devoid of every chivalrous feeling, and saturated with ignorance. They know that in their rantings they are attempting to impose upon those whom they address, and will even subsequently brag of their success. It is no uncommon thing for the reasoning maniac, still influenced by his supreme egotism and desire for notoriety, to attempt the part of the reformer. Generally he selects a practice or custom in which there really is no abuse. His energy and the logical manner in which he presents his views, based, as they often are, on cases and statistics, impose on many worthy people who eagerly adopt him as a genuine overthrower of a vicious or degrading measure. But sensible persons soon perceive that there is no sincerity in his conduct, that he cares nothing whatever for the cause he is advocating, that his cases and statistics are forged or inten-

tionally misconstrued for the direct purpose of deceiving; in short that the philanthropy or morality which he affects is assumed for the occasion. Even when his hypocrisy and falsehood are exposed, he continues his attempts at imposition, and even when the strong arm of the law is laid upon him, prates of the ingratitude of those he has been endeavoring to assist, and of the purity and disinterestedness of his own motives." He further says, speaking of the impulsive psychoses, that these last may "consist of an idea occurring in the mind of an individual contrary to his sense of what is right and proper, and urging him to the perpetration of an act repugnant to his conscience and wishes."

Dr. Mann²⁸ says: "There is in all cases of this form of insanity (he has seen) a total absence of delusion, and this may be said to be the great diagnostic mark of moral insanity. There is in these cases an entire change of character and habits, evinced by extraordinary acts and conduct. There are false assertions and false views respecting the best friends. The approach of this form of insanity is not sudden, but rather gradual and imperceptible. The strange character of the acts is not at first so well marked as it becomes afterwards. It generally takes some time before the patient's friends can convince themselves that such conduct is the result of disease, and many will look upon an insane patient's acts as the signs of depravity."

From the views cited it is clear that under moral insanity are comprehended, by those who accept the doctrine, three conditions: First, a condition of emotional involvement essentially; second, a condition in which the moral sense is not destroyed, but the patient is dominated by an imperative conception whose immoral nature he recognizes; third, a type in which the moral sense is congenitally absent or destructively involved by disease. In all three types the intellect, as a whole, is dominated, although not destructively involved.

The conceptions of the opponents of the doctrine concerning it have been in part given. Others, like A. E. Macdonald,²⁷ say that moral insanity and feigned insanity are convertible terms; just what is meant by this is not clear, and such a hazy conception of what is intended by moral insanity can be regarded only as a decided *lucus a non lucendo*.

Dr. Fordyce Barker²⁸ says: "Insanity is a disease characterized by perversion of the mental faculties, or of the emotions or instincts. A person may be insane without delusion. He may have the exercise of all the mental faculties, but by disease have his emotions so perverted from the normal or healthy action of these emotions and instincts as to destroy the power of his will to regulate his conduct. Moral insanity is something very different from this. It is wickedness. It is a term which in medical science is not found as describing a form of insanity, but loosely used to excuse or palliate crime which, on any other theory, would be inexcusable." This might, like the preceding citation, be regarded as another *lucus a non lucendo*, were it not for its history. The first part of the citation is based on Dr. Barker's clinical experience, and shows that Dr. Barker has recognized the existence of insanity without marked intellectual defect—without delusion. It is obvious that Dr. Barker obtained his entire ideas about moral insanity from the lawyer who coached him at the Guiteau trial, and that his conceptions of it were as hazy as those of Dr. A. E. Macdonald.

Dr. Sheppard²⁹ says: "In all cases which are included under Dr. Prichard's definition of moral insanity, it may be doubted whether, although there may be perfect freedom from delusions, there is not some disturbance of the intellectual faculties. Certainly in these cases which he has recorded, and which have been analyzed, the intelligence

does not appear to have been entirely normal."* It must be obvious that Dr. Sheppard has not read Prichard very carefully, or he would have seen that Prichard had not made the statement which Sheppard seems to believe that he did.

J. P. Gray⁸⁰ says: "Writers have endeavored to draw distinctive lines between ordinary wickedness and the 'moral criminal state,' by calling stealing 'kleptomania,' incendiarism 'pyromania,' murder 'homicidal-mania,' drunkenness 'dipsomania,' etc., etc. In all such cases the insanity of a relative is a most precious boon, as affording an avenue of escape, for heredity gives them the 'constitutional basis for the perverted moral state.' The history of cases in which such pleas have been entered and pressed would show that they have not been resorted to to shield only the weak-minded, the 'half-witted,' the natural-born incompetents and unfortunates, who really stand on the border line of imbecility, and approximate idiocy in their sense of responsibility. But history shows that it is the voluntarily bad, who happen to have means and friends to defend them, for whom this plea is raised; indeed the very infamy of their lives is paraded as evidence of insanity. It is an attempted stigma on the medical profession to boast that 'doctors can always be found to expert such cases for a fee.' It is, perhaps, true that in some cases doctors have gone on the stand for a fee, but in most cases they go on the stand really believing in such views of insanity, and supposing that it is possible to have the moral half of a man insane, and his intellectual half sound; and so have given the most absurd testimony in good faith." On the Guiteau trial he testified that: "Moral insanity is intended to signify a condition of perversion of the moral faculties or moral character of the individual, leaving the intellectual facul-

* I cite Sheppard as an opponent of the doctrine for reasons which will appear hereafter.

ties still sound. Inasmuch as I cannot conceive of any moral act or the exercise of any moral affection without any intellectual operation or mental action accompanying it, so I cannot possibly dissever this mental unity. I look upon man in his mental condition as being a simple unit; that his mental being consists of his intellectual and moral faculties so united that every thing he does must spring out of them jointly. Disease is a thing of the body; a sickness of the brain. No physical sickness could reflect itself through the moral nature only." As a further elucidation of Dr. Gray's conception of moral insanity, we have the following resolution passed at his instigation by the New York State Medical Society at its meeting in 1882: "That the true function of the medical expert is to expound and interpret the results of the pathological conditions, and that in the absence of disease he is not justified in drawing conclusions as to civil responsibility from moral manifestations of conduct, that department belonging exclusively to law." It is evident from this that Dr. Gray does not believe that moral symptoms can be evidence of physical disease. The rest of his statements show a total misconception of the doctrine of Prichard. He opposes, however, the doctrine that immorality can be an evidence of disease. This is the first clear statement of views by an opponent of the Prichardean doctrine. Blandford is usually regarded as an opponent of the doctrine of moral insanity. He says: "Now, I deny that the absence of moral sense constitutes insanity any more than its presence proves sanity. It is perfectly true that it is absent in many lunatics, all notions of duty, propriety, and decency being destroyed in the general overthrow of the mind, but it is also true that we can find perfectly sane people, who either from early education and habit (the habit of continual vice, and also *hereditary transmission*) are devoid of moral sense to an equal

or greater degree. The gradual effacing of the moral sense and gradual hardening in vice have been portrayed by many a moralist, but something else is needed. To prove the disease or deficiency of mind we look for in the inhabitants of an asylum, I cannot help thinking that the authors who have most strongly upheld the doctrine of a moral insanity and the morbid perversion of the moral sentiments have often underrated or neglected the intellectual defect observable in the patients. Because no delusion has been found, it has been assumed that the intellect is not impaired, intellectual insanity and insanity with delusions being spoken of as synonymous. He further says: "In fact there can be no doubt about the existence of insanity marked by impulses." Blandford admits that insanity exists in which the most obvious symptoms are violations of morality, but claims that at the same time there is intellectual defect.

The ideas of the opponents of moral insanity as to what that doctrine is seem to be exceedingly contradictory, and are in marked contrast with the clear-cut conceptions of its upholders. The objection raised by Blandford, Mickle, Sheppard, and others of that school, is not to the doctrine that immoral acts are evidences of mental disease, but to the doctrine that the moral sense being destructively involved the rest of the mind remains unaffected; it will be obvious that Prichard's doctrine is fully consonant with their views, though not so understood by them. The objections of the Utica school are already met by the arguments of Blandford, Sheppard, and Barker (whose chief reputation as an alienist is among that school only). The question arises: "On which symptoms is stress most justifiably laid in cases of moral insanity?"

We have, then, from the opponents of the doctrine the following contrasted views:

HAY.—There is no insanity but delusional insanity.

BLANDFORD.—Because no delusions have been found, it has been assumed that the intellect is not impaired, intellectual insanity and delusional insanity being spoken of as synonymous.

F. BARKER.—A man may be insane without delusion. He may have the exercise of all the mental faculties, and by disease have his emotions so perverted as to destroy the power of his will to regulate his conduct.

SHEPPARD.—Insanity may exist without delusions.

BLANDFORD.—In fact there can be no doubt about the existence of insanity marked by impulses.

FORDYCE BARKER.—Perversions of emotions to such a degree as to produce a conduct entirely at variance with the individual's former life, and to such a degree as to completely control will-power, would constitute an irresistible impulse.

Dr. C. F. Macdonald, who opposed the doctrine of moral insanity as viewed from the metaphysical standpoint of mental unity, says respecting insane criminals that he has "been struck with the frequency of cases in which expressed delusions were absent, although the manner and conduct of the individual clearly indicated a delusional state. Comparing these individuals with their former selves, there are found clear evidences of a departure from their normal mental state. They become sullen, morose, and morbidly irritable. They rebel against the ordinary rules of discipline, and make unprovoked assaults upon those around them,

without apparent motive and without offering any explanation therefor. Their suffering from impaired bodily functions is shown by sleeplessness, loss of appetite, coated tongue, foul breath, constipation, a 'greasy' condition of the skin, and a livid, puffy appearance of the extremities, indicating a relaxed state of the blood-vessels. They are generally coherent in conversation, do not complain of being ill, nor apply for medical treatment. They frequently continue in the performance of their allotted tasks in prison for months, before the attention of those in daily contact with them is attracted to their mental disturbance. From this condition they either recover or gradually drift downward to complete dementia, with no outward exhibition of mental excitement to mark the course of disease. A certain proportion of cases, usually those of hardened criminals, are characterized, in their mental manifestations, by the most pronounced vicious tendencies, their insanity apparently expressing itself in a marked *exaggeration of the depravity and vice* displayed by them prior to the onset of their disease. On the mental side this is *substantially* the only evidence of disease which these cases present. Physically, however, their condition is more or less marked by the signs of bodily impairment above referred to. Known to the authorities as abandoned and depraved individuals, it is not surprising that their insanity is not recognized by casual observers, when it occurs." What is the most obvious symptom in these cases? Clearly, the insane immorality; the physical symptoms are frequently found in sane persons suffering from worry. Blandford's analysis of one of Prichard's cases is in the same direction. He says that the case is an example of what may be called moral insanity, if the term* is to be used at all. 'He had been an inmate of several asylums but his early history is not given.

* My Italics.

No delusions were ascertainable ; but he enjoyed in a high degree the art of lying and the pleasure of boasting. The former was applied to the production of mischief and disturbance. He was an adept at stealing, and secreted in his clothes and bedding articles of all kinds ; yet he possessed many good qualities, would be kind and useful in the gallery, and corrected obscene or impious language in others. His judgment was quick and correct, he had quick perception and strong memory and great discretion in matters of business. His madness appeared to me to consist in part in a *morbid love of being noticed.** ”

Dr. Blandford lays stress on the last clause. With the Guiteau case in mind it will easily be believed that had this man (whom Blandford regards as a lunatic) been tried for his life his “ morbid love of being noticed ” would have been regarded as evidence of sanity and his peculiar conduct would have been explained by his desire for notoriety, as witness the stump speech of Judge Porter and the evidence of Drs. J. L. Gray, Kempster, Macdonald, Stearns, Evarts, McLane Hamilton, *et illæ*. It may be averred that even with this man’s outrageous acts, his “ morbid love of being noticed ” would have been disregarded by every alienist of the Utica school. The most obvious symptom—the predominant symptom, is the moral perversion ; and if phthisis is to be named from a prominent symptom, nosology would justify the term moral insanity.

What, then, are the arguments against moral insanity ? First : that based on the belief that mind is a unit ; second, an objection based on a self-contradictory dogma ; third, an argument from consequences. This last is a legal and not a scientific one, and may be valid in law but not in science—the object of which is to determine what *exists*. The last argument is voiced by Hay, who shows (as

* Dr. Blandford’s Italics.

also does Blandford) his psychological skill by mistaking the emotional depression in melancholia for a delusion. The melancholic has not the delusion that he is sad ; he is sad, and his condition is a purely subjective emotional state. It is strange that Blandford should make such a blunder ; from Hay nothing better was to be expected, when his psychological sophistry (or, to be charitable, ignorance) already cited, is remembered. As has been remarked by Arndt, Ball, Eulenburg, Kräpelin, Krafft-Ebing, Mendel, Schüle, Spitzka, and others, pure melancholia is a form of insanity in which there is no disorder of the intellect, no delusion, no hallucination. It is one of the purest forms of affective or moral insanity. Concerning it Prichard says : "A considerable portion of the most striking instances of moral (affective) insanity are those in which a tendency to gloom or sorrow is a predominant feature. When natural to the individual and comparatively slight, it does not constitute madness. But there is a degree of this affection which certainly constitutes disease of the mind, and that disease exists without any illusion impressed on the understanding. The faculty of reason is not manifestly impaired, but a constant feeling of gloom and sadness clouds all the prospects of life." Guislain says that "every day melancholics are met with who do not exhibit any disorder in their ideas or judgment. Melancholia is exclusively an exaggeration of the affective sentiments ; it is an emotional disorder (*gemüthskrankheit*) in the full German sense of that term. It is a pathological emotion, a pathological sadness, or fear, or chagrin, or dread, and nothing further. Theceptive faculties are not weakened by it." Griesinger says that "melancholia may be free from all involvement of the intellectual faculties and may not pass beyond the stage of moral (affective) insanity."

Hypomania (the subacute mania of some asylum reports)

is just the opposite state; a condition of pure emotional exaltation. Its pure form is an emotional state, and does not destructively involve the intellect, but dominates it. The objection based on the doctrine that the mind is a unit, is not valid against the Prichardean doctrine, but against the legal idea of moral insanity, which is cunningly fused with that doctrine. It may safely be said that no adherent of moral insanity believes that the rest of the mind is other than relatively sound; it is unsound because it is dominated and controlled by the morbid moral state. Viewed from a proper standpoint, there has not appeared a single valid argument against moral insanity. The opponents of the doctrine have demolished a figment of their own creation. Those who are scientific demolish in the most effective way the doctrines of those who are not, and the statements of some of the latter are self-contradictory.*

Summarizing, this table results :

Bonfigli's Figures.	Reality.
Austria 0	Austria 4
Belgium 0	Belgium 2
France 10	France 20
Germany 9	Germany 20
Great Britain 2	Great Britain 16
Italy 3	Italy 9
24	71

* An argument often used is the argument from authority, while this is hardly a scientific argument, still, as it is used by Dr. Bonfigli so confidently, it will not be conceding too much by attempting to determine what validity there is in his figures. He was able to find but twenty-four authorities who hold to the Prichardean doctrine of moral insanity, conditionally or otherwise. Nationally these are arranged by him as follows: Ten are French; the student of French psychiatric literature will recall the names of Ball, Bonnet, Brunet, Campanie, Cazaulvieu, Dagonet, Esquirol, Falret, Foville, Georget, Gratiolet, Labé, Laségue, Luys, Legrand du Saulle, Magnan, Marc, Moreau, Morel, and Roussel, as having enunciated views in perfect consonance with those of Prichard. Dr. Bonfigli has been able to find but nine German upholders of the doctrine; the literature of the subject reveals the names of Arndt, Flemming, Gauster, Gratman, Griesinger, Henke, Hettick, Jacobi, Jessen, Kelp, Kräpelin, Link, Masius, Mayer, Meckel, Mendel, Osiander, Schüle, Solbrig, and Som-

It is safe to doubt the value of such figures as these. There are more (nearly thrice the number) who accept the doctrine that insanity shows itself in immoral acts than oppose it.

Whether our ideas of right and wrong are innate, which Dr. Hay denies, or whether, as has been claimed by theistic as well as freethinking psychologists, these ideas, originally utilitarian, are inherited, might be considered an open question, but both views are consistent with this doctrine. Blandford admits that people may be born destitute of a moral sense. He claims that they are not insane; to be consistent he should admit that they are morally idiotic or imbecile, as Mayo did, and as, to be consistent, Hay would have to do. Dr. J. P. Gray, with the subtlety which is his predominating characteristic, saw the inconsistent blunder of Mayo, and the results of his attempts to avoid the same error are best told in the lucid English of Dr. Godding.³² "Wherein is this new enumeration of 'all the possible manifestations of insanity' with its convenient eliminations to be preferred to the old? It is Gray now but it was Ray then; and I wondered if that mental giant could come back from the shore where he has so lately gone to sleep, if we should not hear some such vigorous English as this: 'You cannot get rid of a fact by denying its existence.' That is the difficulty I conceive with Dr. Gray's insanity; he simplifies our psychological studies wonderfully, but what are we to do with those 'minds diseased' which his classification leaves out to shift for themselves? We must still keep the bounds of insanity essentially where

mer. In Austria, Krafft-Ebing, Meynert, Pohl, and Pick. In Belgium, Guislain and de Smeth. In Great Britain, Bonfigli finds two alienists; the literature of the subject reveals the names of Amsden, Bucknill-Tuke, Clouston, Crawford, Crichton Browne, Dickson, Haslam, Manley, Maudsley, Prichard, Lockhart Robinson, Savage, Wigan, Forbes Winslow, and Wood. In Italy, Bonfigli finds but three, yet a search of the literature discovers the names of Amadei, Biffi, Bini, Funaioli, Lombrosso, Tamassia, Tamburini, Todi, and Tonnini.

they were ; or if we narrow them with Dr. Gray, we must set up another kingdom in disease and call that unsoundness of mind. Yet the doctor admits imbecility, which may or may not be congenital ; but he shuts out idiocy, fearing perhaps that, admitting it, he might let in the moral idiot. But if insanity is to include all the clinically observed forms of disease that we have been accustomed to class as mental, and is to be regarded as synonymous with unsoundness of mind, then we must allow that this perverted condition of the intelligence that we call insanity, which is manifested in the thoughts, feelings, and actions of the individual, may be dependent either upon organic disease, disordered action, or imperfect development of the brain. I may agree with Dr. Gray in what he says so well about 'moral insanity,' and yet be willing to admit that those cases, of which the books record so many, had a real clinical existence, while holding for myself that the disordered mind does not cease to be a unit, although the observed manifestations of its insanity may seem to be confined in some cases to the emotions ; in others, to the affections ; and in still others, to the intellectual powers. We cannot deny that the old masters were as clear-sighted as ourselves. I dislike to hear drunkenness called dipsomania, as I often do ; but I do not therefore say that dipsomania is only drunkenness. It might improve my standing with the legal fraternity if I should pronounce kleptomania only another name for stealing ; but my personal observation convinces me that the insane have sometimes a disposition to steal, which is a direct result of their disease, and for which they are no more accountable than the puerperal maniac is for her oaths."

Spitzka says : " The mental state of the imbecile has been very well expressed by the statement that those mental co-ordinations acquired in the course of a higher civilization have not been formed in him. Moral defect is a promi-

inent feature of some cases, and this condition may be the chief manifestation of mental deficiency. There are subjects whose reasoning powers are fair, whose memory is excellent, who are, perhaps, accomplished in the arts, but in whom the moral sense is either deficient or entirely absent. The term moral insanity should be limited to this class of subjects, and a much better term would be moral imbecility." There are included under the term moral insanity pure emotional psychoses like hypomania and hypomelan-cholia, cases in which insanity is shown in impulsive acts like those of the periodical or exceptional dipsomaniacs, kleptomaniacs, and nymphomaniacs; besides these there are cases in which a moral sense is congenitally deficient, or fails to develop, or is destroyed in consequence of disease. Is the term moral insanity justifiable for all these differing cases? As a symptom designation it is, but not as a disease designation. It would be preferable to call the first type affective insanity, or emotional insanity, for in it the emotions are involved and dominate or pervert the intellectual faculties. It should be, however, remembered that immoral acts may result, especially in hypomania. The impulsive psychoses, also, have an element which entitles them to be considered "moral insanity," as the insanity of the individual finds vent in acts whose immoral nature is recognized by him. The cases in which the moral sense is destroyed by disease or absent from birth are alone entitled to be called cases of "moral insanity"; or, more properly, "moral imbecility," as the condition is closely allied to imbecility, and these cases may, as Spitzka has pointed out, manifest one-sided talent, as do imbeciles.

REFERENCES.

¹ *American Journal of Insanity.*

² *Alienist and Neurologist*, October, 1883.

³ *Journal of the American Medical Association*, vol. 1.

⁴ "Treatise on Insanity."

- ⁸ "Moral Management of Insanity."
- ⁹ "Medical Inquiries and Observations."
- ⁷ *Psychological Medicine.*
- ⁸ *Journal of Mental Science*, 1860.
- ⁹ "Report of the McLean Asylum," 1833.
- ¹⁰ *Insanity: Its Classification, Diagnosis, and Treatment.*"
- ¹¹ *Lehrbuch der Psychiatrie*, Band ii., p. 68.
- ¹² *Alienist and Neurologist*, April, 1884.
- ¹³ *Wiener Klinik*, Band iii.
- ¹⁴ *JOURNAL OF NERVOUS AND MENTAL DISEASE*, 1876.
- ¹⁵ *Maladies Mentales.*
- ¹⁶ *Traité de la Jurisprudence Médicale.*
- ¹⁷ *Die Psychosen.*
- ¹⁸ *JOURNAL OF NERVOUS AND MENTAL DISEASE*, 1877.
- ¹⁹ *Klinische Abhandlungen.*
- ²⁰ *Volkmann's Samml. klin. Vorträge*, No. 107.
- ²¹ *Archivio Ital. per la Malattie Nerv.*, 1881.
- ²² *Ibid.*
- ²³ *Ibid.*
- ²⁴ "Mental Diseases."
- ²⁵ "Treatise on Insanity."
- ²⁶ *Psychological Medicine.*
- ²⁷ *American Psychological Journal*, 1875.
- ²⁸ *Alienist and Neurologist*, 1884.
- ²⁹ Lectures on Madness.
- ³⁰ *Alienist and Neurologist*, July, 1884.
- ³¹ "Two Hard Cases," p. 205.